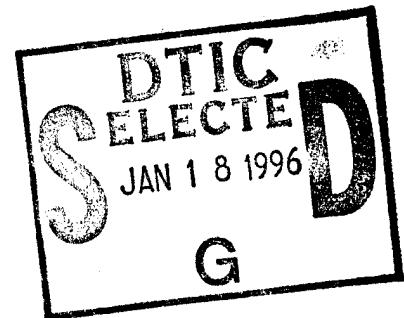




CARDIOVASCULAR RESPONSES WITH TLSS, ATAGS, AND EAGLE LIFE SUPPORT SYSTEMS DURING RAPID DECOMPRESSION

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LIFE SUPPORT SYSTEMS DURING RAPID DECOMPRESSION

W. D. Fraser and K. N. Ackles

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Abstract

This study compared the cardiovascular responses and degree of oxygen saturation of subjects exposed to 60,000 and 72,000 ft. rapid decompressions while wearing the US Navy Enhanced Anti-G Lower Ensemble (EAGLE) and the US Air Force Advanced Tactical Anti-G System (ATAGS) positive pressure breathing (PPB) ensembles. The subjects underwent an additional exposure to a 60,000 ft. rapid decompression while wearing the Tactical Life Support System (TLSS) integrated G-suit and PPB jerkin. Six subjects were rapidly decompressed from 22,500 to 60,000 ft. once with each of the ATAGS, EAGLE, and TLSS garments and from 35,000 ft. to 72,000 ft once with the ATAGS and EAGLE garments. There were small but significant differences due to garment type on heart rate, stroke volume, cardiac index, and blood pressure, but all ensembles provided adequate protection against the adverse cardiovascular effects of PPB. Oxygen saturation was adequately maintained at 60,000 ft., with the TLSS garment providing the highest level of oxygenation. At 72,000 ft. the oxygen saturations of subjects wearing the ATAGS fell so rapidly that they were unable to complete a two minute exposure to 72,000 ft. Oxygen saturations were maintained at an adequate level in five of the six subjects with the EAGLE system.

Introduction

The use of high levels of continuous Positive Pressure Breathing (PPB) with 100% oxygen and chest counterpressure to protect against hypoxia following rapid decompression to altitudes above 50,000 ft. has been limited in part by progressive circulatory collapse as a result of the pooling of blood in the lower extremities, a decrease in venous return, a decrease in cardiac output, and a fall in systemic blood pressure [3, 6, 7]. The application of lower body counterpressure equal to mask and jerkin pressure can delay the onset of the circulatory collapse [7] and Ackles *et al.* [1] have confirmed Larsson and Stomblad's [14] argument that increasing the G-suit/PPB ratio pressure to 3.2 can compensate for a reduced lower body bladder coverage. Goodman *et al.* [13] have shown that a G-suit/PPB pressure ratio of 4:1 combined with the 45% greater lower body bladder coverage of the Tactical Life Support System (TLSS) provided greater protection than the Combined Advanced Technology Enhanced Design G Ensemble (Combat Edge or CE) system against the PPB induced cardiovascular collapse. Goodman *et al.* [12] showed that 12 subjects were able to withstand 10 minutes of 88 mmHg PPB while wearing the TLSS ensemble whereas only 5 subjects could complete the 10 minutes of 88 mmHg PPB while wearing the CE ensemble. This level of protection provides a large cardiovascular safety margin during the use of PPB for protection against hypoxia following rapid decompression to 60,000 ft [10].

TLSS was not developed for operational use, though the US Navy Enhanced Anti-G Lower Ensemble (EAGLE) and the USAF Advanced Tactical Anti-G System (ATAGS) ensembles are being considered for use in the operational environment for improving Gz protection. Though not explicitly designed for

protection against the severe hypoxia following rapid decompression above 50,000 ft., the extended lower body coverage provided by these garments should be as, or more effective than CE and TLSS in providing protection against the adverse effects of positive pressure breathing following rapid decompression and thus be suitable for providing altitude protection. This study was undertaken to examine the effectiveness of the ATAGS and EAGLE ensembles in providing protection from the hypoxic stress of rapid decompression to 60,000 and 72,000 ft. and to examine the degree of cardiovascular compromise induced by the use of PPB.

Methods

Subjects

Two female and four male subjects took part in this experiment. All subjects gave written, informed consent in accordance with the guidelines of the DCIEM Human Ethics Committee and had passed the DCIEM medical examination for positive pressure breathing experiments. Their physical characteristics are given in Table 1. All had extensive experience with positive pressure breathing at up to 80 mmHg. Five of the six subjects have had extensive experience with rapid decompression up to 72,000 ft.

Table 1.
Physical Characteristics of Subjects

Subject	Sex	Age	Height (cm)	Weight (kg)
ael	F	29	166	63
jsm	M	37	178	72
mms	F	30	166	55
mrp	M	31	178	76
twg	M	25	193	89
wdf	M	40	187	99

Techniques

During the experiments the subject's blood pressure was monitored with a Finapres 2300 blood pressure waveform monitor (Ohmeda 2300, Canadian Oxygen Ltd., Rexdale, Ontario) with the blood pressure cuff on the left ring finger and the hand supported at heart level with a sling. Cardiac impedance waveforms were generated and monitored with a Minnesota Impedance Cardiograph, Model 304B (Surcom Inc. Minneapolis, Minn.) using two neck and two torso band electrodes [5]. The electrocardiogram was monitored with a modified Lead II configuration and a ECG amplifier (Model 13-415-58, Gould Inc., Instruments Division, Cleveland, Ohio). Mask cavity pressure was measured with a pressure transducer (Model PS309, Validyne Corp., Northridge, CA) and chamber altitude was monitored with a an altimeter (Pennwalt, Model 61C-1D-08006, Wallace and Ternman, Bellville, NJ). Oxygen saturation was monitored with a pulse Oximetre (Radiometre, Copenhagen, Denmark) with the probe on the right index finger. The right hand was supported with a sling at heart level.

Procedures

Each of the subjects was exposed to 22,500 ft. to 60,000 ft. rapid decompressions, with 70 mmHg PPB, while wearing the ATAGS, EAGLE, and TLSS ensembles, and 35,000 ft. to 72,000 ft. mmHg rapid decompressions, with 80 mmHg of PPB, while wearing the ATAGS and EAGLE garments. All subjects wore the G-suit booties with the ATAGS garment.

Prior to each experiment a finger-tip blood sample was taken for the measurement of hematocrit and body weight was recorded. ECG and impedance electrodes were attached and the subjects fitted with one of the three PPB ensembles. The subjects were then seated in the DCIEM altitude chamber and connected to the display and computer acquisition equipment. The subject sat in an ejection type seat and breathed 100% oxygen at ground level for at least 1 hour prior to commencing the experiment to minimize the risk of decompression sickness. Chamber pressure was reduced from ground level to an altitude equivalent of 22,500 ft. Control physiological data was collected for 3 minutes at this altitude. Chamber pressure was then decreased to an altitude equivalent of 35,000 ft. and maintained at that level for up to 3 minutes for the passing of gastrointestinal gas. For the 60,000 ft. experiments the chamber was then recompressed to the 22,500 ft. and the subject was rehearsed on the rapid decompression procedure. A Canadian Forces Aeromedical Technician was present in the altitude chamber with the subject prior to the rapid decompression from 22,500 ft., remaining in the chamber air lock during the excursion to 35,000 ft. and the rapid decompression. The subject was instructed to exhale during a 5 second countdown, and rapid decompression of the

chamber from 22,500 ft. to 60,000 ft. was completed in less than 0.6 s. Positive pressure in the mask and chest jerkin was controlled by a Clifton Precision Breathing Regulator Anti-G (BRAG) valve. Inflation of the G-suit was initiated by the run director simultaneously with the rapid decompression. The PPB level at 60,000 ft. was maintained at 70 mmHg with the G-suit pressure at 280 mmHg. Subjects remained at altitude for 3 minutes or until the oxygen saturaraton fell below 65%, or the subject, the run director, or the medical officer requested a termination of the exposure. Subjects were then recompressed to 35,000 ft. at 20,000 ft. per minute and then to ground level .

For the 72,000 ft. decompression subjects were rehearsed in the rapid decompression procedure during the hold at 35,000 ft. Rapid decompression to 72,000 ft, was then initiated from this altitide. The PPB level at 72,000 ft. was maintained at 80 mmHg with the G-suit pressure at 320 mmHg. Maximum exposure duration at this altitude was 2 minutes followed by descent to ground level.

Each subject was tested on 5 different days with at least 48 hours between exposures. Order of exposures were randomized.

Physiological parameters

Electrocardiogram (ECG), Finapres blood pressure waveforms, cardiac impedance dz/dt and Z_0 waveforms, oxygen saturation and mask and suit pressures were recorded during the three minute control period and during the rapid decompression directly to computer disk with a Macintosh IICI (Apple Computer Corp. Cupertino, CA) computer running the LabViews™ data collection and analysis package (National Instruments, Austin, TX) at a

sampling rate of 100 Hz. The data was transferred via LAN to a Macintosh IIX computer. In-house UNIX based processing software was used to automatically analyze all waveform data and calculate heart rate, stroke volume, cardiac index, and blood pressure on a beat-by-beat basis and oxygen saturation on a continuous basis. See [11] for details. Fifteen second averages of these parameters were calculated and transferred to the statistical package for further analysis.

Statistical analysis

A 1 factor (garment) by 1 regressor (time following rapid decompression) analysis of covariance (ANCOVA) was used to analyze the heart rate, blood pressure, stroke volume, cardiac index, and oxygen saturation data. Fifteen second averages of each parameter minus the mean value of the parameter over the 3 minutes of control were calculated and used in the statistical analysis. The general linear modeling (GLM) package SuperAnova (Abacus Concepts Inc. Berkeley, CA) running on a Macintosh IIX (Apple Computer Corp. Cupertino, CA) was used for all calculations. Main effects and interactions were deleted if they were not significant at the $P < 0.05$ level and the analysis was repeated.

Results

Figure 1 and 2 show the changes in the oxygen saturation following the rapid decompression for the ATAGS, EAGLE, and TLSS garments. Figures 3 - 6 show the cardiovascular responses following rapid decompression. All data is presented as changes during rapid decompression with respect to the average of

the three minute control periods prior to rapid decompression. Error bars represent SEM.

Appendix B. contains the tables of all the individual changes in cardiac parameters and oxygen saturation that occurred during positive pressure breathing. All parameters are expressed as absolute change from the average value of the parameter during the three minute control period prior to the onset of the positive pressure breathing. Values are averaged over 15 s intervals. Missing cells represent bad data or failure of the subject to complete the full 20 minutes of PPB exposure.

The SaO_2 fell rapidly following the rapid decompression similar to that observed in previous studies [4,9,13]. The final level of SaO_2 after the 3 minutes at 60,000 ft. for both systems was in the range expected given the results of previous rapid decompression studies with similar levels of PPB [4, 10, 14]. For SaO_2 following the rapid decompressions there was a significant effect of time following rapid decompression ($F = 41$, $P < 0.0001$) and altitude ($F = 48$, $P < 0.0001$), but no overall effect of garment type. There was a significant interaction between garment and time following rapid decompression ($F = 5$, $P < 0.006$) and garment, altitude/PPB, and time following rapid decompression ($F = 6$, $P < 0.004$). For the 60,000 ft. rapid decompression, SaO_2 was maintained the best over time with the ATAGS garment while the greatest fall in SaO_2 occurred with subjects wearing the EAGLE garment (Figure 1). However, during the 72,000 ft. exposures a more rapid fall in SaO_2 occurred with the ATAGS garment (Figure 2). In addition five of the six runs with ATAGS at 72,000 ft had to be terminated prior to the completion of the two minute altitude exposure. Only one of the EAGLE runs was terminated prematurely.

All three garments provided a high level of cardiovascular support with only small, but statistically significant differences in heart rate ($F = 6$, $P < 0.04$) and stroke volume ($F = 16$, $P < 0.0001$) during the rapid decompression exposures. The increase in heart rate compensated for the falls in stroke volume resulting in no change in the cardiac index during the rapid decompression. There was a significant change in systolic blood pressure over time ($F = 18$, $P < 0.0001$), but no effect due to altitude or garment type.

Discussion

The extended lower bladder coverage of all three garments was more than sufficient to ameliorate the adverse effects of PPB on cardiovascular function during the short exposures following rapid decompression. This is entirely expected given that subjects can tolerate more than 10 minutes of PPB at ground level with any of the three garments [11].

In a previous study [9] we observed a statistically significant difference in the oxygen saturation with the TLSS and CE garments during rapid decompression, with the SaO_2 falling further with the TLSS garment following rapid decompression to 60,000 ft. In this study SaO_2 was maintained to a better degree with TLSS than with ATAGS or EAGLE at 60,000 ft. Although the saturation difference between the three systems was only 6% SaO_2 at the end of the three minutes of exposure this could be critical at these levels of hypoxic stress. However, at 72,000 ft. the differences between the SaO_2 with the ATAGS and EAGLE garments was substantial, with a very rapid drop in the SaO_2 following decompression when the subjects wore the ATAGS garment. The differences in SaO_2 may be due to the interaction between the different levels of lower body bladder coverages and the known effects of PPB on V/Q relationships in the lung [16]. The inability of five of the six subjects to complete their ATAGS runs at 72,000 ft. due to this extremely rapid fall in SaO_2 would indicate that the ATAGS garment is not suitable for providing emergency protection at this extreme altitude.

The differences in SaO_2 response for subjects wearing the different garments in this and the previous study [10] may be artifact due to differences in venous

congestion in the arm and hand on which the oximeter probe is attached. This venous congestion may be a consequence of the differences in lower body bladder coverage. This effect would have to include the head as in several of our runs the rapid fall in SaO_2 with the ATAGS garment at 72,000 ft. was confirmed with an ear-lobe oximeter.

The advantage of using high levels of PPB for prevention of hypoxia following rapid decompressions at extreme altitudes is well established [3, 4, 9, 13]. Given the lack of a current operational capability or requirement for operations above 50,000 ft. the usefulness of very high levels of PPB for emergency altitude protection is limited. However since we have established that PPB duration can be extended well beyond 15 minutes [11] there may be considerable utility in using PPB to increase internal body pressure and thus reduce the risk of decompression sickness following loss of canopy pressure at altitudes where hypoxia is not the most significant problem. Bubble formation and growth is strongly dependent on the hydrostatic pressure of the fluid in which bubbles can occur [17,18]. Any increase in this pressure will reduce the likelihood of nucleation and subsequent bubble growth. At present, with the loss of cockpit pressurization at altitudes above 35,000 ft., pilots will normally breathe 100% O_2 at a pressure of 30 mmHg. For a pilot at 45,000 ft this reduces her effective physiological altitude to 40,000 ft. If instead the pilot breathed oxygen at 80 mmHg, the physiological altitude would then be reduced to less than 34,000 ft. The extended bladder coverage provided by these newer G-suit designs may make this a practical and safe procedure for reducing the risk of decompression sickness and allow for mission completion in spite of a loss of cockpit pressurization. However, additional research is needed to investigate the combined effects of long-duration PPB and moderate hypoxia stress on the

cardiovascular system. Given the substantial differences among the ensembles in maintaining SaO_2 at the extreme altitudes, additional work is required to determine the optimal design of G-suit/chest counter-pressure jerkin to optimize oxygen delivery, minimize cardiovascular decrements, and minimize the risk of decompression sickness during long exposures to altitude stress.

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Figures

Figure captions

Figure 1.

Changes in percentage oxygen saturation (SaO_2) following rapid decompression to 60,000 ft. The change in SaO_2 is calculated with respect to the average SaO_2 over the three minutes of the control period.

Figure 2.

Changes in percentage oxygen saturation (SaO_2) following rapid decompression to 72,000 ft. The change in SaO_2 is calculated with respect to the average SaO_2 over the three minutes of the control period. Data was available for the full two minutes from only one subject wearing the ATAGS garment.

Figure 3.

Changes in heart rate for the different garments. The change in heart rate is calculated with respect to the average heart rate over the three minutes of the control period. Results from both altitude/PPB levels, all times, and all subjects are collapsed together to show the main effect of garment.

Figure 4.

Changes in stroke volume for rapid decompressions to 60,000 ft. (PPB of 70 mmHg) and 72,000 ft. (PPB of 80 mmHg). The change in stroke volume is calculated with respect to the average stroke volume over the three minutes of the control period at 22,500 ft or 35,000 ft. Results over time are collapsed together to show the significant main effects of altitude/PPB level and garment.

Figure 5.

Changes in systolic blood pressure as a function of altitude/PPB level and garment. The change in systolic blood pressure is calculated with respect to the average systolic blood pressure over the three minutes of the control period prior to the onset of rapid decompression. The results are collapsed over all time.

Figure 6.

Changes in systolic blood pressure as a function of time for different garments for rapid decompressions to 60,000 ft. (PPB of 70 mmHg). The change in systolic blood pressure is calculated with respect to the average systolic blood pressure over the three minutes of the control period prior to the onset of RD.

Figure 1.

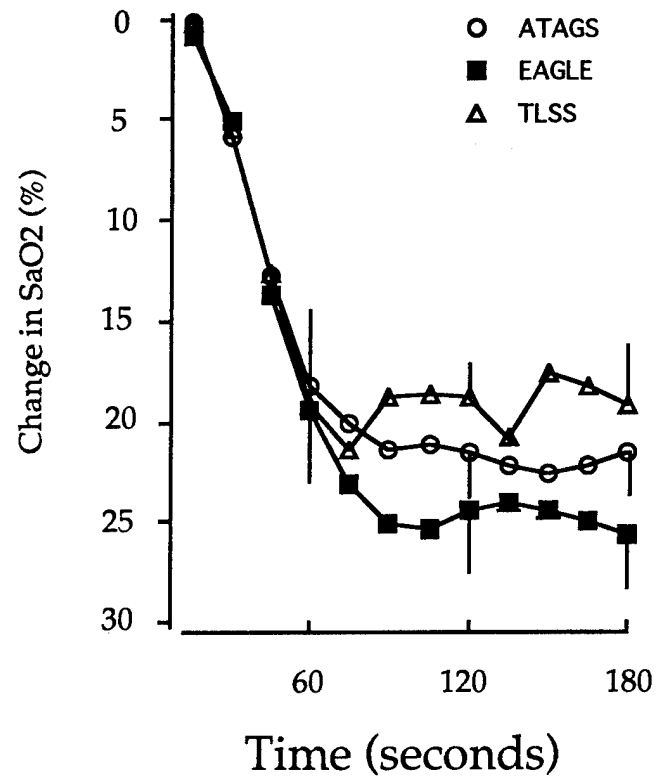


Figure 2.

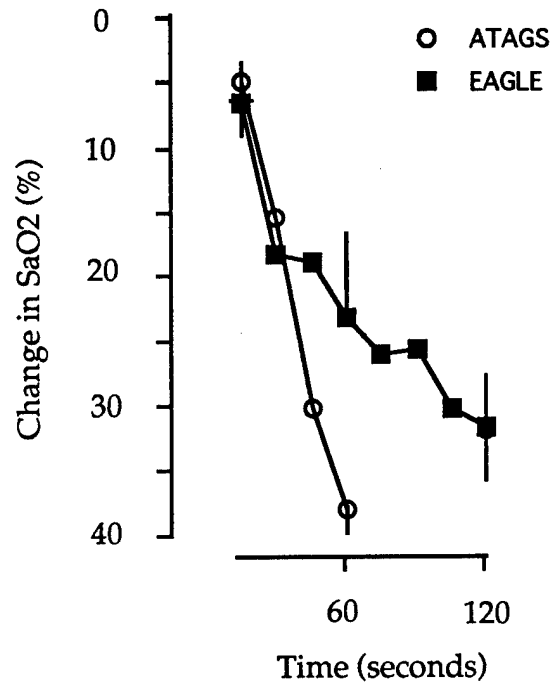


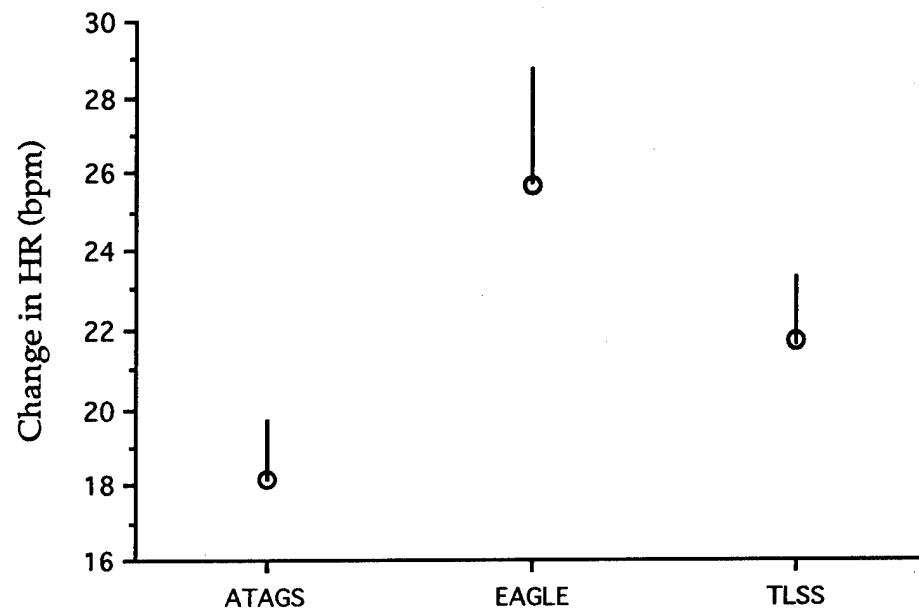
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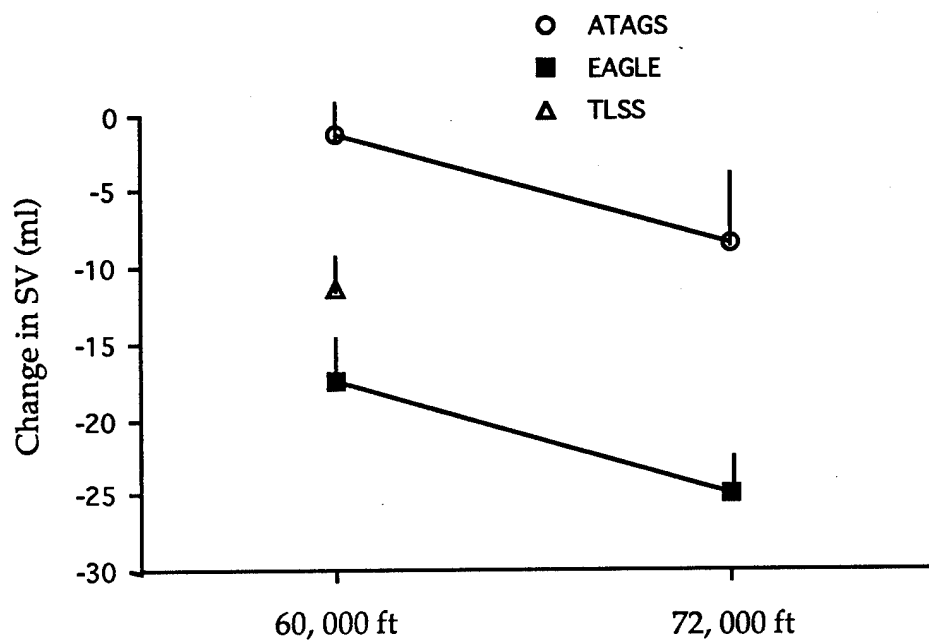


Figure 5.

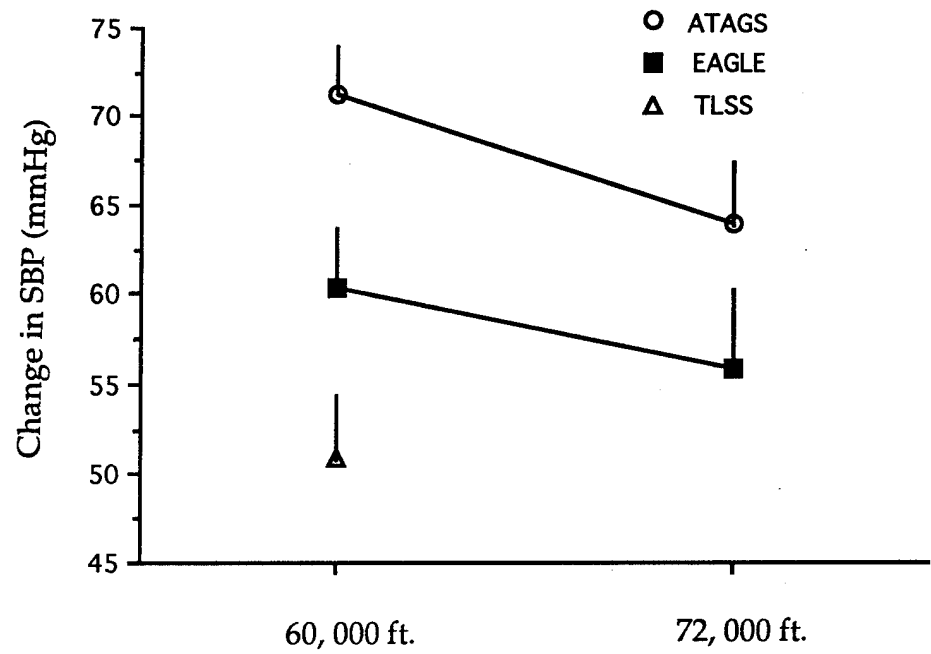
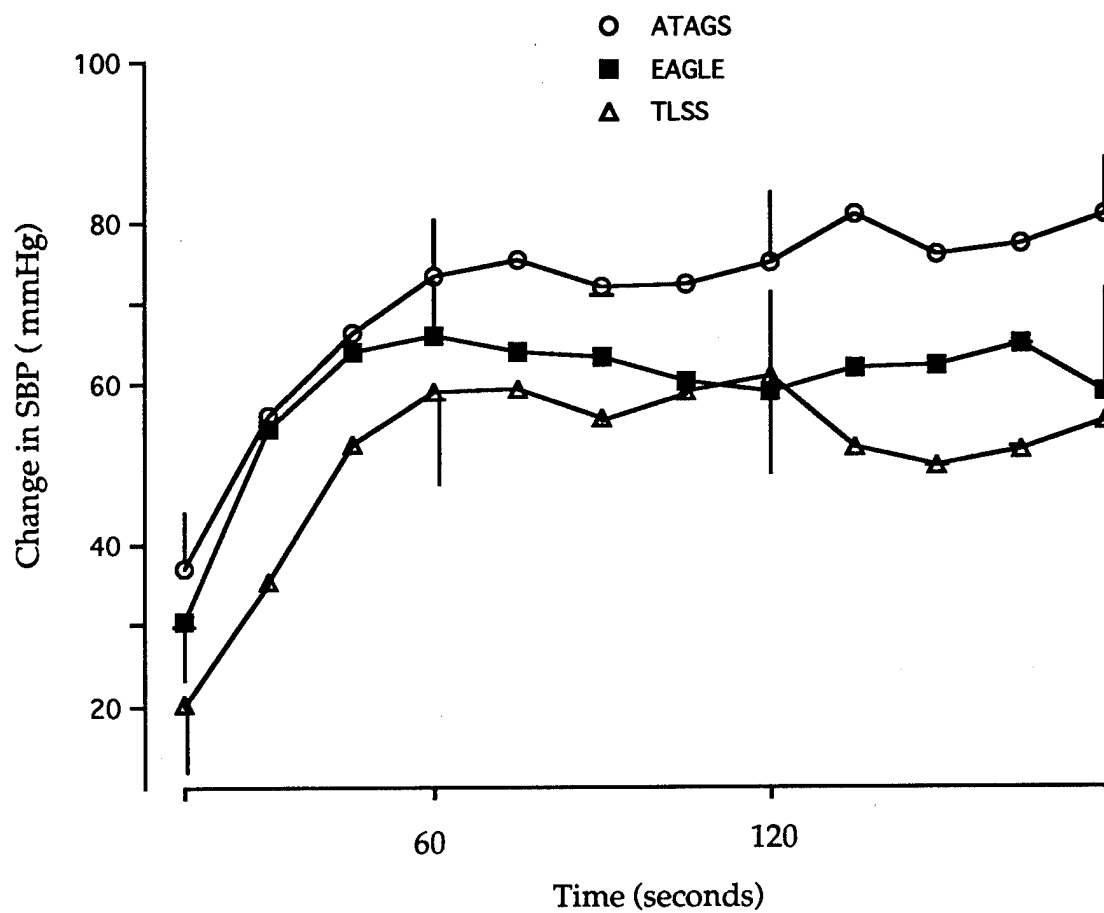


Figure 6.



Appendix B.**Calculated change in cardiac indices for each subject****Key**

HR	Heart rate (bpm)
SV	Stroke volume (ml)
CI	Cardiac index (l/min/m ²)
SBP	Systolic blood pressure (mmHg)
DBP	Diastolic blood pressure (mmHg)
SaO ₂	Oxygen saturation (%)

All parameters are expressed as absolute change from the average value of the parameter during the three minute control period prior to the onset of rapid decompression. Values are averaged over 15 s intervals. Missing cells represent bad data or failure of the subject to complete the full altitude exposure.

Change in cardiac parameters and oxygen saturation Rapid Decompressions

Garment: ATAGS
Subject ael

	Time (s)	HR bpm	SV ml	CI l/min/m2	SBP mmHg	DBP mmHg	SaO2 %
60,000 ft	15	43	-22	0.03	15	61	0
	30	39	-10	0.02	42	76	-10
	45	39	-24	0.01	61	82	-14
	60	27	-21	-0.02	75	86	-15
	75	25	-3	0.00	82	84	-14
	90	43	-41	-0.02	87	91	-14
	105	43	-36	-0.03	92	94	-15
	120	33	-33	-0.03	103	94	-15
	135	15	-25	-0.02	109	96	-14
	150	9	-29	-0.04	105	95	-15
	165	22	-30	-0.02	107	99	-16
	180	12	-10	-0.01	101	93	-16
72,000 ft.	15	11	3	0.02	42	79	-10
	30	-11	-1	-0.02	72	85	-15
	45	-8	-5	-0.03	77	82	-22
	60	-13	-10	-0.04	78	81	-44
	75	-8	-8	-0.03	86	85	-29
	90	-1	-21	-0.04	85	85	-30
	105	8	-28	-0.04	95	91	-29
	120	16	-35	-0.04	93	88	-32

Change in cardiac parameters and oxygen saturation Rapid Decompressions

Garment: EAGLE

Subject ael

	Time (s)	HR bpm	SV ml	CI l/min/m2	SBP mmHg	DBP mmHg	SaO2 %
60,000 ft	15	31	-9	0.02	51	64	-1
	30	7	-5	0.00	98	80	-9
	45	-7	2	-0.01	102	79	-11
	60	-7	2	0.00	96	76	-14
	75	23	-15	0.00	81	74	-14
	90	44	-29	-0.02	80	80	-17
	105	45	-31	-0.03	90	87	-18
	120	45	-26	-0.01	96	92	-18
	135	33	-28	-0.03	97	91	-18
	150	41	-31	-0.03	94	94	-21
	165	50	-34	-0.03	101	100	-21
	180	46	-35	-0.03	95	93	-21
72,000 ft.	15	12	.	.	26	63	-4
	30	-28	.	.	63	74	-18
	45	46	.	.	80	75	-24
	60	33	-29	-0.07	90	79	-23
	75	.	.	.	99	83	-24
	90	.	.	.	96	82	-27
	105	20	.	0.13	94	81	-31
	120	26	.	0.15	88	77	-34

Change in cardiac parameters and oxygen saturation Rapid Decompressions

Garment: TLSS
Subject ael

		HR bpm	SV ml	CI l/min/m2	SBP mmHg	DBP mmHg	SaO2 %
	Time (s)						
60,000 ft	15	34	4	0.05	16	50	•
	30	31	-15	0.02	58	69	-6
	45	36	-27	0.00	71	71	-11
	60	20	-12	0.01	85	72	-13
	75	27	-27	-0.01	95	76	-14
	90	35	-33	-0.02	90	78	-16
	105	36	-37	-0.02	91	79	-17
	120	32	-36	-0.03	87	74	-20
	135	35	-33	-0.02	84	71	-21
	150	28	-34	-0.03	93	77	-21
	165	31	-39	-0.04	91	78	-21
	180	20	-32	-0.03	86	70	-22

Change in cardiac parameters and oxygen saturation Rapid Decompressions

Garment: ATAGS

Subject jsm

	Time (s)	HR bpm	SV ml	CI l/min/m2	SBP mmHg	DBP mmHg	SaO2 %
60,000 ft	15	13	10	0.03	35	39	0
	30	16	8	0.02	56	51	-1
	45	6	21	0.03	68	55	-7
	60	-3	20	0.02	67	58	-8
	75	-3	20	0.02	75	58	-12
	90	6	8	0.01	76	60	-16
	105	7	-3	0.00	77	61	-16
	120	6	6	0.01	76	63	-16
	135	0	7	0.00	76	63	-16
	150	9	1	0.00	77	64	-16
	165	2	10	0.01	75	63	-18
	180	4	12	0.01	79	65	-14
72,000 ft.	15	21	27	0.06	30	34	-2
	30	23	26	0.06	54	47	-9
	45	9	.	0.14	54	55	-28
	60	13	56	0.10	65	58	-32
	75	16	40	0.09	77	57	-37
	90	.	.	.	.	.	.
	105	.	.	.	.	.	.
	120	.	.	.	.	.	.

Change in cardiac parameters and oxygen saturation Rapid Decompressions

Garment: EAGLE
Subject jsm

	Time (s)	HR bpm	SV ml	CI l/min/m2	SBP mmHg	DBP mmHg	SaO2 %
60,000 ft	15	26	-4	0.02	71	53	1
	30	22	-9	0.01	95	58	3
	45	23	-11	0.01	91	63	-8
	60	20	-10	0.01	103	68	-18
	75	22	-9	0.01	99	66	-26
	90	26	-16	0.02	95	68	-23
	105	25	-13	0.00	101	70	-21
	120	21	-12	0.00	100	71	-19
	135	24	-14	0.00	86	72	-19
	150	28	-13	0.01	91	72	-18
	165	26	-16	0.02	95	74	-18
	180	24	-2	0.03	78	69	-17
72,000 ft.	15	38	-22	0.02	34	42	-2
	30	25	-14	0.00	44	48	-1
	45	26	-8	0.01	46	51	-1
	60	27	-13	0.01	51	56	-1
	75	27	-19	-0.01	37	48	-3
	90	26	-19	0.02	34	49	-14
	105	41	-13	0.02	10	26	-17
	120	42	-14	0.02	7	27	-21

Change in cardiac parameters and oxygen saturation Rapid Decompressions

Garment: TLSS

Subject jsm

		HR	SV	CI	SBP	DBP	SaO2
		bpm	ml	l/min/m2	mmHg	mmHg	%
Time (s)							
60,000 ft	15	30	-1	0.02	29	53	0
	30	30	-2	0.02	35	58	0
	45	27	-4	0.01	60	63	-6
	60	11	18	0.02	65	68	-13
	75	-4	16	0.01	64	66	-16
	90	12	3	0.01	68	68	-16
	105	16	4	0.02	84	70	-16
	120	22	0	0.01	82	71	-18
	135	3	-2	0.01	64	72	-27
	150	11	-5	0.00	60	72	-13
	165	17	2	0.01	66	74	-12
	180	11	-2	0.01	85	69	-13

Change in cardiac parameters and oxygen saturation Rapid Decompressions

Garment: ATAGS

Subject mms

		HR	SV	CI	SBP	DBP	SaO2
	Time (s)	bpm	ml	l/min/m2	mmHg	mmHg	%
60,000 ft	15	-5	9	0.01	37	42	
	30	-2	5	0.01	56	58	-7
	45	12	-2	0.00	72	67	-13
	60	2	0	0.00	79	68	-20
	75	0	2	0.00	85	73	-23
	90	-2	2	0.00	80	68	-23
	105	7	-6	0.00	81	70	-24
	120	4	-1	0.01	81	71	-24
	135	1	-2	0.00	80	69	-25
	150	3	-7	0.00	68	65	-24
	165	4	-7	-0.01	70	66	-25
	180	2	-2	0.00	72	67	-24
72,000 ft.	15	38	.	.	45	45	-4
	30	26	.	.	49	54	-23
	45	58	.	.	62	57	-35
	60	53	.	.	67	57	-36
	75	.	.	.	.	.	.
	90	.	.	.	.	.	.
	105	.	.	.	.	.	.
	120	.	.	.	.	.	.

Change in cardiac parameters and oxygen saturation Rapid Decompressions

Garment: EAGLE

Subject mms

		HR bpm	SV ml	CI l/min/m2	SBP mmHg	DBP mmHg	SaO2 %
	Time (s)						
60,000 ft	15	3	13	0.03	19	30	0
	30	11	-4	0.01	33	42	-10
	45	10	-7	0.00	45	51	-24
	60	9	-12	-0.01	47	51	-24
	75	9	-8	-0.01	43	44	-30
	90	17	-9	0.01	42	39	-33
	105	16	-12	0.00	40	40	-31
	120	16	-13	-0.01	31	34	-31
	135	10	-10	-0.01	26	27	-30
	150	9	-4	0.00	19	22	-29
	165	15	-10	0.00	17	19	-29
	180	5	2	0.01	10	16	-29
72,000 ft.	15	38	5	0.01	50	60	-8
	30	26	-24	-0.03	73	72	-23
	45	58	-39	-0.06	81	78	-26
	60	53	-34	-0.06	80	74	-31
	75	47	-11	-0.05	75	70	-30
	90	50	-30	-0.05	78	70	-31
	105	22	-39	-0.06	68	63	-30
	120	14	-21	-0.04	63	64	-30

Change in cardiac parameters and oxygen saturation Rapid Decompressions

Garment: TLSS
Subject mms

		HR bpm	SV ml	CI l/min/m2	SBP mmHg	DBP mmHg	SaO2 %
	Time (s)						
60,000 ft	15	-3	11	0.01	21	28	0
	30	-6	14	0.02	25	32	-4
	45	-1	13	0.01	39	41	-11
	60	1	1	0.01	51	45	-18
	75	2	-2	0.00	45	43	-20
	90	7	-5	0.00	31	34	-21
	105	15	-8	0.00	36	34	-21
	120	6	-1	0.00	49	41	-18
	135	4	-1	0.00	42	35	-19
	150	12	-7	0.00	31	30	-18
	165	-6	-1	-0.01	28	26	-19
	180	13	-1	0.01	25	24	-19

Change in cardiac parameters and oxygen saturation Rapid Decompressions

Garment: ATAGS

Subject mrp

		HR	SV	CI	SBP	DBP	SaO2
	Time (s)	bpm	ml	l/min/m2	mmHg	mmHg	%
60,000 ft	15	48	-20	0.05	78	71	-1
	30	.	.	.	96	82	-8
	45	.	.	.	98	85	-16
	60	.	.	.	101	84	-20
	75	.	.	.	100	88	-24
	90	.	.	.	.	.	-25
	105	.	.	.	.	.	-24
	120	50	-58	-0.04	95	89	-25
	135	18	3	0.04	94	90	-25
	150	21	-23	-0.01	.	.	-27
	165	7	5	0.00	.	.	-25
	180	33	-39	0.01	97	94	-27
72,000 ft.	15	46	-26	0.06	66	71	-5
	30	54	-31	0.06	81	78	-14
	45	52	-35	0.05	97	81	-31
	60	45	-36	0.03	101	77	-40
	75	.	.	.	.	.	.
	90	.	.	.	.	.	.
	105	.	.	.	.	.	.
	120	.	.	.	.	.	.

Change in cardiac parameters and oxygen saturation Rapid Decompressions

Garment: EAGLE
Subject mrp

	Time (s)	HR bpm	SV ml	CI l/min/m2	SBP mmHg	DBP mmHg	SaO2 %
60,000 ft	15	32	-11	0.04	19	41	
	30	34	-27	0.02	43	54	-2
	45	32	-38	-0.01	56	62	-15
	60	29	-38	-0.01	56	61	-28
	75	25	-37	-0.01	60	62	-29
	90	36	-43	-0.01	62	64	-31
	105	38	-44	-0.01	60	62	-32
	120	40	-46	-0.01	59	62	-32
	135	35	-45	-0.02	62	64	-33
	150	42	-50	-0.02	63	66	-34
	165	42	-51	-0.02	65	67	-34
	180	40	-48	-0.02	63	63	-33
72,000 ft.	15	62	-36	0.03	38	57	-18
	30	49	-46	-0.01	73	65	-37
	45	.	.	.	.	.	.
	60	.	.	.	.	.	.
	75	.	.	.	.	.	.
	90	.	.	.	.	.	.
	105	.	.	.	.	.	.
	120	.	.	.	.	.	.

Change in cardiac parameters and oxygen saturation Rapid Decompressions

Garment: TLSS
Subject mrp

		HR bpm	SV ml	CI l/min/m2	SBP mmHg	DBP mmHg	SaO2 %
	Time (s)						
60,000 ft	15	42	-27	0.04	38	57	0
	30	44	-40	0.01	65	67	-7
	45	38	-42		78	71	-22
	60	35	-43	-0.01	80	70	-34
	75	34	-42	-0.01	75	67	-37
	90	31	-41	-0.01	72	62	.
	105	22	-36	-0.01	74	63	.
	120	9	-27	-0.02	77	61	.
	135	.	.	.	.	.	.
	150	.	.	.	.	.	.
	165	.	.	.	.	.	.
	180	.	.	.	.	.	.

Change in cardiac parameters and oxygen saturation Rapid Decompressions

Garment: ATAGS

Subject twg

	Time (s)	HR bpm	SV ml	CI l/min/m2	SBP mmHg	DBP mmHg	SaO2 %
60,000 ft	15	3	33	0.04	-3	26	0
	30	6	33	0.05	21	34	-9
	45	3	23	0.03	45	40	-22
	60	10	7	0.02	54	45	-26
	75	9	7	0.02	53	43	-27
	90	8	2	0.01	55	41	-27
	105	12	0	0.02	56	43	-24
	120	19	0	0.03	55	46	-25
	135	19	2	0.03	53	46	-27
	150	15	2	0.02	54	47	-29
	165	19	-3	0.02	55	46	-28
	180	22	-4	0.02	54	45	-27
72,000 ft.	15	18	6	0.03	0	32	.
	30	34	-8	0.02	18	38	-15
	45	37	-16	0.01	27	42	-25
	60	24	-12	0.00	47	46	-34
	75	.	.	.	.	.	.
	90	.	.	.	.	.	.
	105	.	.	.	.	.	.
	120	.	.	.	.	.	.

Change in cardiac parameters and oxygen saturation Rapid Decompressions

Garment: EAGLE

Subject twg

		HR	SV	CI	SBP	DBP	SaO2
	Time (s)	bpm	ml	l/min/m2	mmHg	mmHg	%
60,000 ft	15	.	.	-0.11	2	23	-5
	30	.	.	-0.11	27	37	-12
	45	.	-33	0.02	39	41	-19
	60	22	-1	0.00	35	41	-19
	75	32	-20	0.00	38	41	-20
	90	14	5	0.02	31	36	-22
	105	50	-16	-0.01	21	37	-22
	120	53	13	0.07	27	44	-19
	135	34	-23	-0.02	27	43	-17
	150	52	8	0.02	33	41	-18
	165	.	.	-0.11	43	44	-22
	180	.	-4	-0.11	34	41	-27
72,000 ft.	15	19	12	0.04	-28	48	-3
	30	33	-8	0.03	-10	54	-26
	45	36	-17	0.01	6	55	-32
	60	41	-20	0.01	11	53	-40
	75	47	-25	0.01	8	51	-46
	90	.	.	.	.	.	.
	105	.	.	.	.	.	.
	120	.	.	.	.	.	.

Change in cardiac parameters and oxygen saturation Rapid Decompressions

Garment: TLSS
Subject twg

		HR bpm	SV ml	CI l/min/m2	SBP mmHg	DBP mmHg	SaO2 %
	Time (s)						
60,000 ft	15	8	8	0.02	-13	17	-1
	30	28	-9	0.01	-7	22	-16
	45	30	-13	0.01	15	32	-24
	60	28	12	0.03	15	37	-30
	75	36	-16	0.00	15	34	-32
	90	38	-18	0.00	12	26	-28
	105	40	-19	0.00	7	26	-24
	120	41	-17	0.01	8	35	-24
	135	40	-17	0.01	9	34	-22
	150	41	-24	0.00	10	28	-22
	165	36	-17	0.01	16	26	-25
	180	26	-1	0.02	12	38	-27

Change in cardiac parameters and oxygen saturation Rapid Decompressions

Garment: ATAGS

Subject wdf

		HR	SV	CI	SBP	DBP	SaO2
	Time (s)	bpm	ml	l/min/m2	mmHg	mmHg	%
60,000 ft	15	5	1	0.01	42	54	0
	30	8	7	0.02	55	60	0
	45	13	9	0.03	65	64	-5
	60	12	10	0.03	79	69	-19
	75	15	7	0.03	76	70	-21
	90	16	9	0.03	75	69	-22
	105	17	9	0.03	81	71	-24
	120	18	7	0.03	80	73	-25
	135	18	12	0.04	73	70	-25
	150	21	15	0.05	74	70	-25
	165	21	10	0.04	79	72	-20
	180	18	16	0.04	83	71	-21
72,000 ft.	15	24	6	-0.02	56	61	-21
	30	31	-8	-0.02	72	68	-24
	45	29	-16	-0.02	73	62	-23
	60	58	-12	-0.05	67	62	-42
	75	43	-13	-0.05	69	60	-33
	90	28	-12	-0.03	74	57	-25
	105	35	-6	-0.04	60	55	-31
	120	37	-2	-0.06	66	59	-39

Change in cardiac parameters and oxygen saturation Rapid Decompressions

Garment: EAGLE

Subject wdf

	Time (s)	HR bpm	SV ml	CI l/min/m2	SBP mmHg	DBP mmHg	SaO2 %
60,000 ft	15	30	-20	-0.02	29	54	0
	30	39	-17	0.00	46	62	0
	45	58	-22	0.00	59	68	-6
	60	84	-29	0.00	63	68	-14
	75	97	-31	0.00	65	71	-18
	90	91	-12	0.05	68	71	-25
	105	80	1	0.07	68	71	-28
	120	77	13	0.08	75	73	-28
	135	49	31	0.12	75	73	-27
	150	56	25	0.11	74	72	-27
	165	36	44	0.14	71	71	-28
	180	39	36	0.12	74	72	-27
72,000 ft.	15	49	-2	0.05	54	61	-3
	30	41	-13	0.03	70	67	-2
	45	40	-15	0.02	84	73	-11
	60	40	-20	0.01	87	73	-20
	75	41	-24	0.00	89	77	-26
	90	45	-28	0.00	87	76	-30
	105	44	-29	-0.01	83	76	-42
	120	46	-30	-0.01	86	78	-40

Change in cardiac parameters and oxygen saturation Rapid Decompressions

Garment: TLSS

Subject wdf

		HR bpm	SV ml	CI l/min/m2	SBP mmHg	DBP mmHg	SaO2 %
	Time (s)						
60,000 ft	15	30	-8	0.02	30	48	1
	30	39	-9	0.02	36	53	0
	45	58	-6	0.02	53	56	-1
	60	84	3	0.03	60	60	-8
	75	97	-6	0.02	62	61	-10
	90	91	-2	0.03	62	59	-12
	105	80	1	0.03	63	60	-13
	120	77	.	0.03	63	63	-14
	135	49	.	.	62	60	-14
	150	56	.	.	56	56	-14
	165	36	.	.	58	60	-14
	180	39	.	.	70	65	-15

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